

herself in her profession, expecting to be a blessing to mankind and finds that no one really needs her, "Aye there's the rub."

Patients, and even many good physicians, prefer a cheap nurse to a good one. It is rather disappointing to find that women who have no hospital training can fill the want and take the trained nurse's place, unless the latter will work for practical nurses' prices and do oftentimes more housework than nursing.

The real demand seems to be for intelligent house workers at about ten dollars a week.

E. K.

[Another correspondent, writing on this same subject says one reason for the shortage of applicants may be the uncomfortable methods of living forced upon private duty nurses and suggests that a remedy for this would be the more universal establishment of good nurses' clubs.—ED.]

WHAT SHOULD THE NURSE DO?

THE question is often brought up in the nurse's mind whether she is doing exactly right in carrying out instructions which are, to her certain knowledge, wrong. Of course, we have no right to criticise our physicians, and I am not going to do that. We, who have graduated from training schools, know the galling moments when we have to rise and stand, and rush to open doors for the medical students who did not know the first rudiments of doing a surgical dressing. But that is all past now, and we have learned to love our physicians in their work.

One case of typhoid fever I should like to say something about; the patient was a young college girl seventeen years old. She had always, as her mother said, had lung trouble and a very weak chest. On going to this case I found one nurse, one of my colleagues, and the work another nurse had left behind, that is, she had been administering morphia gr. $\frac{1}{4}$, when gr. $\frac{1}{8}$ was ordered. As soon as this was discovered, the nurse was discharged. I found the patient almost in a state of coma. After some time she awakened in wild delirium asking for a hypodermic of morphia, which had to be given. As soon as I had quieted the patient I looked for the chart of instructions and found that whiskey, dram VI, was given every two hours, strychnine, gr. $\frac{1}{30}$, every three hours, liquid nourishment of peptonoids and milk, every two hours. I did not wonder the patient had subsultus, twitching of eyelids, jerking of limbs, and all the symptoms of over-stimulation. But what could I do, and the question arose between my friend and myself who should tell the doctor, so we pulled straws and it fell to my lot, and when the doctor came I showed him the clinical record. Written on it largely was, "Patient had

a small convulsion soon after taking last dose of strychnine." This he noticed at once, and changed the strychnine to every four hours. The nervousness kept up, pulse was high as 130 and 140, temperature dropped to 97-99. We kept orders up for two weeks, at the end of which time the patient had developed nausea and vomiting. The doctor then changed his orders; he discontinued the strychnine, and gave whiskey with nutritive enema. This might have done very well until the stomach could get a rest, had he not given such a large quantity, that is: one egg, pint of milk, eight teaspoons of whiskey, and four teaspoons of peptonoids. All of this was lost, as the enemas were retained only a few minutes. I left the case in two weeks, as the other patient (we had two), who was almost well, did not need a professional nurse. I went on another case, but was called back to this one. My colleague had emphatically refused to give the enemas more often than every six hours, and when she made her own preparation and it was retained, the physician got very angry, so she left. Now, what could a nurse do in a case like this? He was a country doctor and would not call in consultation. They got another nurse, but the patient died.

M. B. B., R.N.,
Lynchburg, Virginia.

[We should like to have some prominent physicians, whose opinions we all value, tell us what the nurse's duty is in a case of this kind, whether her loyalty to the physician stands above her duty to humanity.—ED.]

SHOULD A NURSE PRESCRIBE?

DEAR EDITOR:—Miss Ruth Brewster Sherman's "List to Leave Behind" in your February issue is so excellent that one regrets the necessity of criticising it in any way. But inasmuch as it is a list to be "left behind" for the guidance of mothers and nursery maids one is surprised to find such insistence on the use of silver nitrate as Miss Sherman gives us. This seems a grave error in view of the possibilities of the situation, which one is sure could not have occurred to Miss Sherman, nor have nurses themselves, we are sure, in the absence of at least general instructions from the doctor, the habit of using a remedy like silver nitrate without an order. Also does not the doctor, instead of the nurse, indicate the necessary modifications in the baby's food? Miss Sherman is not sufficiently clear on these points, where to be unequivocally opposed to prescribing is a nurse's first principle, and where Miss Sherman no more than another nurse would be likely to err.

MARY CLOUD BEAN, R.N.,
President Johns Hopkins Hospital Alumnae Association.